

MAR 13 2006

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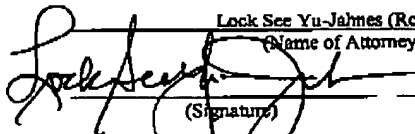
FACSIMILE COVER SHEET**TO:** Examiner J.H. Blackwell
USPTO - TC/Art Unit 2176**FROM:** Lock See Yu-Jahnes (Reg. No. 38,667)**RE:** U.S. Patent Appln. No. 10/614,174
Attorney Docket: 00862.023125.**FAX NO.:** 571-273-8300**DATE:** March 13, 2006**NO. OF PAGES:**
(including cover page)**TIME:****SENT BY:****MESSAGE****Attached please find an Amendment and a transmittal therefor.**I hereby certify that this correspondence is being facsimile transmitted to the
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(Name of Attorney for Applicant)



(Signature)

March 13, 2006

(Date of Signature)

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MAR 13 2006

In re Application of:

Docket No. 00862.023125

KEIICHI TAKASHIMA

Application No.: 10/614,174

Examiner: J.H. Blackwell

Filed: July 8, 2003

TC/Art Unit: 2176

For: FORM PROCESSING DEVICE, AND FORM
PROCESSING METHOD AND PROGRAM

Date: March 13, 2006

Mail Stop: Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

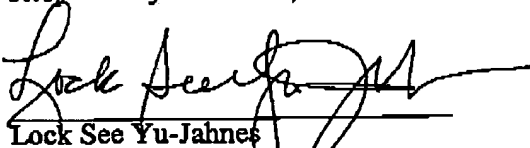
CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 20	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

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☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Lock See Yu-Jahnes
Attorney for Applicant
Registration No. 38,867

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PAGE 3/15 * RCVD AT 3/13/2006 7:12:03 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-2/5 * DNIS:2738300 * CSID:1212 218 4552 * DURATION (mm-ss):05-34

MAR 13 2006

00862.023125

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: J.H. Blackwell
KEIICHI TAKASHIMA)
: TC/Art Unit: 2176
Application No.: 10/614,174)
:
Filed: July 8, 2003)
:
For: FORM PROCESSING DEVICE, AND)
FORM PROCESSING METHOD AND)
PROGRAM) March 13, 2006

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated December 13, 2005, the Examiner is respectfully requested to amend the above-identified application as follows:

- Amendments to the claims are presented in the listing starting on page 2; and
- Remarks are presented starting on page 7.

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 571-273-8300) on

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Lock See YU-Jahnes (Reg. No. 38,667)
(Name of Attorney for Applicant)

(Signature) (March 13, 2006)
(Date of Signature)